

# **RELEVANCE OF HERBAL MEDICINE IN PRIMARY HEALTH CARE**

*Submitted in Partial Fulfilment of  
Post-Graduate Diploma in Health Care Administration*

*Under the Guidance of*  
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**AUGUST - 1996**



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# HERBAL MEDICINE FOR HUMAN HEALTH









## Preface

Nature is the best gift that god has given to human race on earth. The inquisitive man through careful observation trail and error and through systematic exploration of nature accumulated vast heritage of knowledge and expertise in different cultures and civilizations, which are handed down to generations after generations by oral traditions. The modern man of scientific age believes that the 'new knowledge' as it progresses is driving out the old and the fallible; and fails to recognize the valuable worth and rich heritage of indigenous knowledge.

Medical science and treatment practices of modern man suffer the discrepancy between the 'old and new' in a grave manner. Greater is the neglect of modern man towards the indigenous home remedies practiced by millions of Indians successfully in treating common ailments.

I was greatly impressed while working among the tribals in Meghnagar at Jhabua, M.P. As a member of the community health team I could experience the affinity expressed by these tribals towards herbal medicine rather than the allopathic medicine. There are innumerable instances in which I myself tried herbal medicine for the treatment of Chronic and minor illnesses, sometimes singly, or in combination with simple allopathic drugs and found extremely successful. These exiting experiences were the prime moves that instigated me to take up this study.

The inspirational thoughts and untiring interests showed by Dr. Shiridi Prasad Tekur, co-ordinator Community Health Cell gave





an impetus to the deep started desire of mine to work up on this paper. I owe a deep sense of gratitude to him.

I express my gratitude to Fr. perceival Fernadaz, Director of St. John's medical college and all faculty members for the knowledge imparted through lectures, discussions and seminars. I am grateful to Mr. A.K. Roy our course co-ordinator for allowing me to select this topic and for the encouragement to work up on this.

I am extremely grateful to the staff of "Community cell" for allowing me to use their library and for helping to get the reading materials.

My special thanks to Sr. Innocent and MSMI sisters for their hospitality and help during study in the villages.

I am so grateful to my religious congregation for the assurance and encouragement to do this study. The timely help of Sr. Lilly MSJ in organizing this paper is very much appreciated. I owe thanks to the herbal practitioners and villagers for their co-operation in responding to my questionnaire and interview.

SR. EDNA M.S.J.





TITLE PAGE	
PREFACE	
TABLE OF CONTENTS	3 - 4
LIST OF TABLES	5
LIST OF ILLUSTRATIONS	6

## TABLE OF CONTENTS

### CHAPTER I

A. INTRODUCTION	7 - 9
B. PURPOSE OF THE PAPER	10
C. ORGANIZATION OF THE PAPER	11 - 12
D. PRIMARY HEALTH CARE IN INDIA, ANALYSIS OF THE CURRENT SITUATION	13 - 19
E. REVIEW OF LITERATURE	20 - 23
F. HYPOTHESIS	24
G. METHODOLOGY	25 - 26
H. SCOPE OF THE PAPER	27

### CHAPTER II

A. DEFINITIONS	28 - 29
B. CULTURAL ROOT OF TRADITIONAL SYSTEM OF MEDICINE	30
C. THE SCOPE OF LOCAL HEALTH TRADITION AND VALIDATION OF HERBAL MEDICINE.	31 - 32
D. HERBAL MEDICINE A RICH MEDICAL HERITAGE	33 - 34
E. INDIAN MEDICINAL PLANTS	35
F. HERBAL MEDICINE FOR HUMAN HEALTH	36 - 37
G. INTERNATIONAL AND NATIONAL POLICIES AND GROWING INTEREST IN HERBAL MEDICINE	38 - 39





### CHAPTER III

A. IRRATIONAL AND UNETHICAL DRUG USES AND THE CONSEQUENCES	40 - 41
B. THE ROLE OF MULTINATIONALS IN INDUCING IRRATIONAL DRUG THERAPY AND THE EXPLOITATIONS	42
C. PROMOTION OF HERBAL MEDICINE AN ALTERNATIVE.	43 - 44
D. AN INTERGRATED APPROACH THE NEED OF THE HOUR	45 - 46

### CHAPTER IV

#### STUDY OF QUESTIONNAIRE AND INTERVIEW SCHEDULE

A. ANALYSIS OF THE RESPONSE OF THE HERBAL MEDICAL PRACTITIONERS.	47 - 61
B. ANALYSIS OF THE RESPONSES OF THE PATIENTS USING HERBAL MEDICINE	62 - 74
C. FINDINGS OF THE STUDY	75 - 77
D. DISCUSSIONS	78 - 79
E. CONSTRAINTS AND LIMITATIONS	80
F. RECOMMENDATIONS	81
G. CONCLUSION	82 - 83
REFERENCES	84 - 87
BIBILIOGRAPHY	88 - 89
APPENDIXES	90 - 99



## LIST OF TABLES

1. Primary Health Infrastructure	15
2. Health manpower in Rural areas.	16
3. Number of patients treated over a period of six months.	48
4. Using of medicine in primary Health care.	50
5. Opinion regarding the under lying factors by which the people use herbal medicine	56
6. Using Allopathic diagnostic facilities.	57
7. Opinion about effectiveness of integrated treatment.	58
8. Category of patients treated by Herbal practitioners	59
9. Getting support for the practitioners.	61
10. Age and sex wise classification of the patients interviewed.	63
11. Other treatment before herbal medicine treatment.	68
12. Preference of the treatment.	69
13. Combined treatment with allopathic and Herbal medicine.	71
14. Availability of Herbal Medicine.	72





## ILLESTRATIONS

1. Improvement of disease with herbal medicine reported by  
herbal practitioners. : 51
2. Improvement of disease using Allopathicand Herbal  
medicine reported by Herbal practitioners. : 53
3. Types of illness treated with herbal medicine : 64
4. Mild illnesses reported by patients. : 65
5. Chronic illnesses reported by patients. : 66
6. Improvement of illneses reported by patients. : 67
7. The categories of diseases mentioned by the patients for  
which herbal medicine used. : 70





## *CHAPTER I*

- A. INTRODUCTION
- B. PURPOSE OF THE PAPER
- C. ORGANISATION OF THE PAPER
- D. PRIMARY HEALTH CARE IN INDIA  
ANALYSIS OF THE CURRENT SITUATION
- E. REVIEW OF LITERATURE
- F. HYPOTHESIS
- G. METHODOLOGY
- H. SCOPE OF THE PAPER



## CHAPTER I

### A. GENERAL INTRODUCTION

Health, disease and healing are very broad concepts, where the art of health care is a valid entity that actualizes these concepts in practice. The awareness of the multidisciplinary nature of health involving the whole person taking into account his socio-economic and environmental situations are gradually deepening in the modern man. On the other hand, there exists a wide spread disenchantment with the 'art' of health care present in the country today. It takes no time to realize that most of the innovations for the betterment of health of the people today are aimed for the benefit of the privileged few who can afford it, and can be equated with provision of medical care by a number of specialists using sophisticated technologies. The disadvantaged group that comprises 70% of the country's population living in rural areas and urban slums are deprived of any access to an effective health care system. In order to achieve a balance between these diverging realities, an alternative approach of primary health care involving the totality of all potential health resources of the country and based on equity and justice, individual and community self-reliance, and inter sectoral co-ordination including community development, needs to be adopted.

'Most conventional health care systems are becoming increasingly complex and costly and have doubtful social relevance. They are distorted by the dictates of medical technology and by the misguided efforts of a medical industry, providing medical con-





sumer goods to the society. Even some of the most developed countries have come to realize the disparity between the high care costs and low health benefits of these systems<sup>3</sup>. It is obviously out of question for developing countries like India to continue a system like this. Now it is high time to review the methods, techniques and other facilities with the aim of using only those that really provide their worth and can be afforded by the people.

When it is realized that modern health care system as its present situation cannot meet the health needs of the entire population of the world and that available funds are grossly inadequate to provide 'Health for all', the concept and strategy of primary health care were introduced by W.H.O. in 1978. A policy of promoting integration of traditional medicine into national health care system was launched by W.H.O in the same year.

It is estimated that traditional medicine is still the only health resources available to about 60% of the world's population and with the introduction of modern medicine and other socio-economic development many of these traditional health practices have changed or disappeared. Although modern and traditional health care exist side by side, they seldom co-operate. In fact there appears a wide gap between modern and traditional medical systems. Modern health personnel pay little attention to what people use traditionally or to how people perceive illness and healing. This has serious effects on people's health care practices.





As India is concerned we have a 3000 years old rich medical heritage. Even though India has got a rich tradition of health care practices, the optimum utilization of these practices are not accomplished by us. We have not succeed in globalizing these medical practices.

Modern system of medicine came to India in 18th century with British colonialism. Till that the entire nation relied on the traditional medicine for their health care needs. The rich treasure of herebal medicine forms the back bone of this invaluable traditional medical practices. 'Validation of herbal medicines used in various traditional practices, in the light of contemporary scientific knowledge can revolutionize our health care system'. This can provide inexpensive, safe and potent herbal medicines to the health needs of the people. By understanding and accepting the traditional medical concepts, and by promoting and strengthening the use of herbal medicine and other home remedies, it is possible to bring out a health care system that is acceptable available and affordable to the majority of India's population.





## B. PURPOSE OF THE PAPER

The main purpose of this paper is to bring out the importance and the need for revitalization of our medical heritage based on medicinal plants which will ensure low cost, safe and culturally familiar health care system for India's millions.

The specific objectives are:

1. To study the awareness and knowledge of herbal practitioners and participants regarding the use of herbal medicine so as to bring out the importance of traditional medical heritage.
2. To determine practicability and feasibility of herbal treatment among practitioners and common people in order to reinforce the need for revitalization of herbal medicine.
3. To assess the need for integrating herbal medicine in primary health care so as to achieve a low cost, safest and culturally familiar health care system-for common ailments that people are suffering from.



### C. ORGANIZATION OF THE PAPER

The study on 'Relevance of herbal medicine in primary health care' is presented in 4 chapters. It is intended to research the trends in practices of herbal medicine in the context of primary health care. An attempt is made to analyse the present situation of primary health care in India and the need for an alternative approach to strengthen it. Emphasis is given to India's rich tradition of medical and health practices based on herbal medicinal plants which is neglected due to introduction of western culture. Also an effort is made to bring out the importance of promoting herbal medicine for fostering rational use of chemical drugs among the people. The different chapters present the content as given below.

1st chapter includes a general introduction, purpose of the paper, organization of the paper, Analysis of the current situation of primary health care in India, review of literature, Hypothesis, methodology and scope of the paper.

2nd chapter deals with the traditional systems of medicine in India and the rich medical heritage based on medicinal plants. Also a trial is done to look into the Holistic view of herbal medicine. Also an attempt is made to see the International and National policies and the growing interest in herbal medicine.

In the 3rd chapter, the main focus is given to irrational and unethical use of modern drugs and the exploitations that are going on in the medical field and promotion of herbal medicine as an alternative for these. Also an attempt is made to make an





awareness in the need for integration and promotion of the use of herbal medicine and home remedies in primary health care.

4th chapter deals with analysis of the survey and interview, findings, suggestions, the constraints and limitation of the study and the conclusions.





## D. PRIMARY HEALTH CARE IN INDIA.

### ANALYSIS OF THE CURRENT SITUATION.

#### i. Concept of Primary health care.

The concept of primary health care taps deep ideals of democracy and it is based on the principles of self reliance and self determination. 'Primary health care is the essential health care made universally accessible to individuals and families in the community by means acceptable to them through their full participation and at a cost that community and country can afford'4. WHO.

At Independence India was committed to provide health to all her people.~~at independence~~. In order to reach out health care to the rural population, the primary health care concept was recommended by Bhore Committee with emphasis on adequate prevention, promotive and curative health services. India was fortunate at this period in having one of the most far-sighted documents, in the Bhore Committee report to implement such a policy which was adopted by the founding fathers of our nation.

#### ii. Treading a new path to Health

The government of India responded to the 'Health For All' movement by formulation of a National Health policy in 1982. This resembles the spirit and substance of the report of the Bhore Committee of 1946 which had prepared the ground for the development of India's multi-tiered public health system. Although the Bhore report, three decades earlier, had enumerated many of the same principles as the 'Alma Ata' declaration, by the late 1970



only, we recognized that the countries health planning had gone in wrong path. It had emphasized curative high-technology medicine and urban hospitals. It pursued 'elitist' health manpower policies which undermined that the possibility of widely-available basic health care. The National Health policy hoped to correct this by steering the country towards the 'Universal provision of comprehensive Primary Health Services'. It broadly visualized that this would require re-organization of the health infra-structure, major modifications in the existing system of medical education and paramedical training and integration of health plans to those of health related sectors, such as water supply, food production and socio-economic development process.

### iii. Development of Public Health Services.

India's multi-tiered health system remains as one of the best developed in the world. The sub-centre at its base cater approximately 5000 people in four or five villages. This facility is staffed by a pair of male and female multi-purpose workers. They are expected to provide basic health care, maternal and child health services including family planning. Six of these sub centers are supported and supervised by a primary Health center. The PHC supervise the community health out reach work and offer general medical and simple surgical services. The PHC is allocated to every 30,000 people and staffed by one medical officer, one community health officer and seven para medical staff. A community health center with 30 beds and other diagnostic facilities serve every 1,00,000 people with one medical, paediatric, obstructivist, surgical, specialists and other staff. Thus the rural health system consists subcentre, primary health





center, community health center and at the apex taluk and district hospitals.

PRIMARY HEALTH INFRA STRUCTURE

Functioning as on 31-12-1995.

TABLE 1

-----	
CENTRES	No.
-----	
Sub-centres	132285
Primary health centres	21802
Community health centres	2401
-----	





# Health man power in Rural areas as on 31-12-1995.

TABLE 2

Category	No.	No.	%
	Sanctioned	In Position	Vacancy
1. Surgeons	1353	710	47.5
2. Obst. <sup>and</sup> <del>of</del> gynaecologists	1139	548	51.9
3. Physicians	1104	574	48.1
4. Paediatrician	845	498	43.0
5. Drs. at PHC's	37100	26583	16.2
6. Block Extension Educators	6282	5616	10.6
7. Health assistants (male)	18284	15879	13.2
8. Health workers (male)	70684	61607	12.9
9. Health assistance (female)	21665	19019	12.2
10. Health workers (female)	140724	133452	5.2
11. Pharmacists	21543	19225	10.8
12. Lab Technician	12663	10163	19.8
13. Nurse-mid wives	16279	12080	25.8
14. Radio-graphers	1590	1274	19.9

Source : Ministry of Health, government of India, "Rural Health statistics in India" December 1995.



## V. Short-comings of Public Health Centres.

Indeed the Health system focuses on meeting numerical targets for health. In some instances health centre exist only 'on paper'. In fact deficiencies in the quantity and quality of staff are wide spread. Workers are often not competent or willing to perform necessary task. The state of equipment, availability of supplies are usually poor and essential drugs are grossly inadequate at all levels. The Health Centers are consequently inefficient and under utilized as they inspire little confidence in people. Out reach services from PHCs and sub-centers are inadequate on account of poor management and lack of proper training and communications. As a result the primary Health care system provides less than 10% of the medical care sought by rural households.

In addition to the rural health infra-structure, the public Health system in India includes a large number of Urban Hospitals; specialists and referral medical facilities in large towns. The urban areas of all the major states in the country had exceeded the normal suggested for urban hospitals. Over 75% of spending in health is for the establishment and maintenance of these urban curative medical centres.

While India adopted the Alma Ata declaration, she pledged to universalize health but she could provide health only for a few; she failed to allocate adequate resources to health; A focus on health of the needy was subverted by concern with high technology and many targets.





## v. Failure of Primary Health care

1. Westernization: The Commitment of health for all at independence, which was reiterated three decades later at 'Alma Ata' has failed to materialize. The reasons are many fold. The basic factor is the adhoc acceptance of the western model for all aspects of our countries post independence development. Despite having a well-developed system of Indigenous medicine, the country opted for allopathic system for the Development of its post-independence health services and not for an integrated model utilizing the best of all these systems, which would have been highly complementary. The over emphasis on modernization resulted in suppression of traditional medical practices.

The medical profession has converted health into an expensive exercise in the care of illness, following the western model, with out considering the entirely different pattern of disease and socio-economic conditions that prevail in the country. The western model medical education has failed to train the doctors and other medical personnel for serving the needs of the 70% who live in rural India. medical profession has culturally as well as socially distanced itself from common people. Their reluctance to show interest and provide leadership for the health problems of the rural population has resulted in converting the primary health care into an impersonal techno-managerial exercise with the aim of achieving targets of family planning and national disease control programs. This dehumanizing exercise has alienated the people who could play a vital role in the improvement of their own health.

2. Privatization: To day private sector has also over flowed into





rural India. This sector functions in a remarkably adhoc manner, with profit as the prime motive, as a result unethical and irrational medical practices flourished even in rurals.

3. Existing Realities: Despite the creation of an impressive modern medicine infra-structure for health delivery services in rural areas, the percentage of population actually reached by health services is reported to be 30% at the maximum and in certain difficult areas the percentage is as low as 3%. Apart from this poor coverage the other basic problem is the economic sustainability of this health model, which requires more and more financial resources for functioning. In contrast to the above scenario, there exists in Indian context an indigenous model of health care which relies on local resources. It has tradition of self help and is autonomous and is entirely community supported. Indian policy makers have recognized the potentials of this traditional health culture. National Health policy specially suggest that planned efforts should be made to revive and integrate indigenous systems of medicine at the appropriate level. But in reality these elements are not sufficiently incorporated in the practices of primary health care. A vigorous and focussed effort to realize this policy is not carried out.



## E. REVIEW OF LITERATURE

The literature review for the present study to assess the "Relevance of herbal medicine in primary health care" was done under the literature related to primary health care and indigenous medical practices.

### Primary Health Care

Describing the concept of primary health care WHO at Alma Ata defined Primary health care as:

'The essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination'19.

As PARK's Text Book (standard reference in India) states:

"Once looked up on as a healing art, medicine is looked up on today as the sum total of all activities of a given society that tend to promote, restore and maintain, health of the people, where such a concept prevails, medicine includes more than a physicians action; it becomes community health"9.

The policy statement of Christian Medical Association of India states:

"A strong community based primary health care system encourages people to take responsibilities for their health and to influence decisions that affect their future. It





pects health care services to relevant, low cost, effective and acceptable to the people"6.

Henry E. Sigerist MD. in his book 'A history of medicine' writes:

"The success or failure of our medical work depend not only on the scientific knowledge we possess but also on a great variety of other non-medical factors; economic, social, religious, political, and cultural factors. Unless we are aware of these factors and understand them many of our efforts will be wasted"7.

### Traditional Medicine

The World Health Organization refers to traditional medicine as:

"The sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance; relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing"10.

Dr. DARSHAN SHANKER, Director, Academy of Development science. Raigad writes in 'Health Action':

"The revitalization of traditional Medical wisdom, which still caters to the health needs of a major sector of our society can play a major role in realising the ideal of self-reliance in primary health care. Instead of re-educating the people with exclusively of the people's own health traditions should be strengthened and the distortions removed"8.

The Expert Committee (Srivastava report, 1975) states:

"We have adopted tacitly, and rather uncritically





the model of health services from industrially advanced and consumption-oriented societies of the west. This had its own inherent fallacies; health gets wrongly defined in terms of specific goods and services; the basic values in life which essentially determine its quality get distorted; It is a tragedy that we continue to persist with this model even when those we borrowed it from, have begun to have serious misgivings about its utility and ultimated viability. It is therefore, desirable that we take a conscious and deliberate decision to abandon this model and strive to create instead, available and economic alternative, suited to our own conditions, needs and aspirations. The model will have to place greater emphasis on human effort rather than on monetary inputs"11.

Dr. RANJIT ROY CHAUDHURY write in his book 'Herbal Medicine for Human Health'

"Irrespective of what policies governments of countries with a heritage and tradition of herbal remedies have, the use of medicinal plants will always remain one of the main planks for the delivery of primary health care service in these countries. More and more governments have come to recognize this and are trying to improve the traditional system of medicine and bring it with in the purview of government health services"12.

### Integrated systems of medicine.

Explaining the concept of integration of traditional and modern medicine WHO (1978) states:

"Integration is considered worth while because of the following advantages:



It offers reciprocal benefit to each system.

It improves the general health care knowledge for the greater welfare of mankind, especially in view of the inherent possibilities for wider and more efficient population coverage.

It enhances the quality for practice over as well as increasing their numbers.

It promotes the knowledge relating to primary health care and above all, it offers the means of achieving the goal of health for the entire population by the year 2000". (WHO Booklet).

Dr. K.H. KRISHNA MURTHY writes in Journal 'NAMAHA':

" It is time that a real meeting of minds among the practitioners of these systems commences in order to lay down the foundations for development of an integral view of Health and disease. Thus a collaboration among modern medicine, Ayurveda and the widely scattered folk flora practices, is not merely commendable but is in fact essential and avoidable"26

### New Venture

The Bhabha Atomic Research center has recently designed a bio-reactor for plant cell culture. Demonstrating the functioning of bio-react systems Dr. DEVANAND FUZZLE, a senior scientist from BARC said to Indian Express 3rd July 1996:

"Large scale cultivation of plant cell in bio-reactors with successful synthesis of high value bio active compounds will reduce the production time. In the case of natural process, the final product may take years to mature but in a bio-reactor it takes just 18 days".





## F. HYPOTHESIS

With the introduction of Allopathic medicine and other socio-economic development process many of our effective traditional medical practices have changed or disappeared. A better understanding of traditional medical concepts and practices of healing with the use of home remedies and of ways to strengthen traditional medical practices, is needed to meet the health care needs of the vast majority of the people.

This study aimed at assessing the existing practices in herbal medicine among the people of northern part of Kerala in South India.

- (1) Herbal Medicine is a fairly common practice among the poor rural people.
- (2) They use this medicine for common minor ailments, chronic disease and even acute serious illness.
- (3) The people integrate this herbal practice as their own with modern/other systems available.

HENCE,

Herbal medicine can be effectively used for common problems in primary health care.

This hypothesis was tested through

- Questionnaire survey of the practitioners.
- Interview of patients using herbal medicine.





## G. METHODOLOGY

This section describes the methodology followed for the study. Based on the theoretical concepts, historical background, current understanding of the present need, the investigator has designed this study to look at the various aspects affecting practices of herbal medicine in primary health care.

The methodology include study of various literature on primary health care and traditional medicine to make a theoretical frame work. Two separate questionnaires were prepared, one for herbal medicine practitioners and other for patients using herbal medicine. The questionnaire were of two types ; Open ended questions and objective type questions.

### Sampling procedure

The population under study consists 32 Herbal Medical practitioners from different parts of India and 100 patients who were using herbal medicine. Convenient sampling method is adopted to collect data. 30 questions were sent by post to the herbal practitioners out of which 22 responded. 10 practitioners were interviewed by the investigator personally with same questionnaire. The patients were interviewed at their home with structured questionnaire by the investigator. Due to time constraints the patients interviewed were restricted to 3 villages of northern Kerala in South India.



### Analysis of Data

Collected data are quantified and tabulated to case the purpose of analysis. Simple statistical analysis such as average and percentages, Statistical tools such as bar diagrams and pie diagrams were used to analyse the collected data. Observations and experiences obtained from the villagers while interviewing the patients also were helpful to analyse the study.





## H. SCOPE OF THE PAPER

India has an over 3,000 years old medical heritage whose main resource base is medicinal plants. The dearth of research studies in this field keep many areas of this precious heritage incovered and unexplored for millions. Lack of expertise, proper guidance and standardized methods have under estimated its value and effectiveness. This present study can be a humble begining of a series of fruitful studies to be followed in the field.

The present study is limited to 32 herbal practitioners who responded to the questionnaire and 100 patients who were using herbal medicine. The patients were visited at their home and interviewed. The information thus obtained from these questionnaires and interview is used for analysis.

Because of time constraints pilot study was not conducted to evaluate the questionnaires prepared by the researcher. Modification and improvement on questionnaire was done with the help of experts. Random sampling techniques were not adopted in selecting samples. Hence the chances of bias would be high.





## ***CHAPTER II***

- A. DEFINITIONS
- B. CULTURAL ROOT OF TRADITIONAL SYSTEM  
OF MEDICINE
- C. THE SCOPE OF LOCAL HEALTH TRADITION  
AND VALIDATION OF HERBAL MEDICINE
- D. HERBAL MEDICINE A RICH MEDICAL HERITAGE
- E. INDIAN MEDICINAL PLANTS
- F. HERBAL MEDICINE FOR HUMAN HEALTH
- G. INTERNATIONAL AND NATIONAL POLICIES  
AND GROWING INTEREST IN HERBAL MEDICINE.



## CHAPTER II

### A. DEFINITIONS

1. Medical heritage:- The term medical heritage in this study means the traditional practices of medicine handed down to generations mainly through oral tradition.
2. Herbal Medicine:- This term implies the treatment of illness using medicinal plants.
3. Awareness:- The term awareness in this paper refers the opinion expressed verbally by the participants in response to the questions in the interview schedule, regarding the use and importance of medicinal plants in the treatment of illnesses.
4. Knowledge:- The word knowledge in this study represents the information expressed by the participants in response to the questions on what, when and how to use medicinal plants for various common illnesses.
5. Practicability :- The term practicability denotes the availability and accessibility of medicinal plants without much wastage of time, energy and economy.
6. Feasibility :- Feasibility refers to the peoples attitude and acceptability of herbal treatment practices with out hurting the culture and beliefs of people.
7. Revitalization :- The word revitalization in this study refers to the process of regaining the original status of herbal treatment among systems of medicine which has been declining down through the ages.





8. To integrate :- means to combine or form parts into a whole. In this study it refers to the need for developing a national health care systems combining all systems of medicine in equal proportions and also responsible to the need of our country.

9. Primary health care:- Primary health care in this study means the essential basic health care needs that has to be fostered in the spirits of self-reliance and self help.



## B. CULTURAL ROOT OF TRADITIONAL SYSTEM OF MEDICINE.

The traditional Health system in India functions through Two social streams. One is the local folk stream which is located in the villages of India. The second is the popular scientific stream of the practices of traditional medicine.

### i. Scientific stream (Formalized system)

The scientific or formalized system consists of codified and organised knowledge with well developed philosophical and theoretical bases tested overtime and in practice. They have well documented principles and practices. Systems like Ayurveda, Siddha, unnani, and Tibetan are expressions of this stream. There is evidence to show that the relation ship between the folk stream and scientific stream is a symbiotic one. The empirical root of the organized system lie in the rich diverse experience of various localised, codified, synthesized and raised to the level of science in the organised systems.

### ii. Local Health stream (non formalized system)

The local Health stream is wide spread in all our rural communities. The carriers of these traditions are millions of house-wives, thousands of traditional birth-attendants, bone-setters, practitioners skilled in netra-chikisa and traditional village level herbal medicine practitioners, who treat variety of common and chronic ailments. Local health traditions represent an autonomous, community supported system of health delivery at the village level. 'Its potential goes largely un noticed because of the western ethnocentric bias in public health planning and policy'.<sup>1</sup>





### C. THE SCOPE OF THE LOCAL HEALTH TRADITIONS AND VALIDATION OF HERBAL MEDICINE.

The scope of the local Health traditions is comprehensive much more than government primary health care programme. It covers so many areas of health care like food and nutrition and home remedies at the level of house holds and treatment of common ailments like fevers, cold, cough, diarrhoea, wounds etc. It has knowledge of preparations of plant medicine in so many forms; oil, arishta, kashaya, lepa etc. Undoubtedly folk Swasthya Paramparas carry the potentiality to make the villages entirely self-reliant in their primary health care needs.

One hand there are people who argue that herbal drugs have golden reputation they do not require validation. The unreasonable assumption as regards to the safety and efficacy of all herbal drugs is harmful. On the other hand there is an attitudinal barrier which prevents a section of our population from the use of herbal medicine. Ignorance and prejudice are the main factors of it. The lack of fuller and scientific validation nourishes the growth of this attitude. It is necessary to understand more about traditional practices to improve them and to ensure that they are not harmful. Although the research in this direction has to be pursued, a reorientation of research activities is needed to meet the immediate health care requirements. Formulations and preparations of herbal medicine in their natural and semi processed forms as used in the folk streams need pharmacological evaluation. The study of medicinal plants should not be restricted to find new prototype pure compounds and drugs. A



proper scientific validation of each herbal preparation has to be done. This will help to rejuvenate Indian traditional herbal medicine and also will lead to proper integration of herbal remedies into modern medical system.





## D. HERBAL MEDICINE A RICH MEDICAL HERITAGE

### i. HERBAL MEDICINE IN WORLD HISTORY

The medicinal use of herbs is said to be as old as mankind itself. Until the 18th century it was the common form of Medical Treatment. Primitive tribes still use their traditional knowledge of plants and their healing properties which has been passed on from generation to generation. In the early civilization food and medicine were inseparably linked and many plants were eaten for their health. For example the slave workers who laboured for the building of Egyptian pyramids took a daily ration of garlic in order to save them from pestilential fevers and infections prevail at that time. And by this time the first 'herbals' written records of herbs and their beneficial properties were being produced. Egyptians, the ancient Greeks and Romans were practitioners of herbal medicine.

Two more cultures which have always relied heavily on herbal medicine are Chinese and Indians. In China herbs play a vital part in health care even today and there are numerous schools of herbal medicine and herbal dispensaries in most hospitals. In India the use of herbal drugs is a part of Aurvedic and other traditional systems of medicine.

In Europe till medieval times herbals were practiced in monasteries to treat both monks and local people. In rural Britain particularly in the west and wales the tribes have had an oral tradition of herbalism. The advent in 15th century, JHON PARKINSON of London, a herbalist listed 3000 useful plants in a



publication. NICHOLS CUPLER (1616-54) was the most renowned herbilist in that period. He wrote several books on herbaal including the famous book, "THE ENGLISH PHYSICIAN ENLARGED"(1649). By this time preparations contains combination of several drugs were in use. In 18th century the populatiry and power of scientifically inspired conventional medicine sent the profession of herbal medicine in to a decline, although the main element of folk medicine still continued in the country side.





## E. INDIAN MEDICINAL HERBS

The Indian seers in the past have given special attention to the study of health, disease and therapeutics. They have worked up on Aurveda, the science of life. Aurveda believes in treatment by herbs which forms its mainstay.

India has the unique advantage of possessing a wide range of climatic, geographical and geological conditions to flourish a numerous variety of precious herbs. The ancient seer scientists had a critical study of all these herbs. In 'CHARKA SAMHITA' MAHARSHI 'CHARKA' gives nearly fifty groups of medicinal plants. MAHARSHI 'SUSHRUTHA' has mentioned about 760 herbs which has divided into 37 groups in accordance with its effects including anaesthetic, anthelminic, diuretic, antitoxic, etc. India has one of the richest ethno-botanical traditions in the world. Over 7000 species of plants are used by local communities in different eco-systems from Ladakh to Kanyakumari and Stretching to the north-east hills of mizorma and Nagaland.

## F. HERBAL MEDICINE FOR HUMAN HEALTH

1. Potent Halers: The high potency and curative value of the Indian Medicinal herbs have long been well recognised. Even before christian era ancients like Hippocrates recommended Indian herbs in their medical treatises. The greek physician 'Discords', (100 A.D.) speak the medicinal virtue which he had thoroughly investigated before incorporating them into his famous material medica. 'Allopath's pharma copia to day will give enough proof



that Indian herb has fully lived up to its reputation as healers.

2. Sovereign remedy for every ailments: 'The medicinal plants constitute the most invaluable sovereign remedy for every ailments because Herbs contain in them the curative element in its vital, potent and withal easiest state'<sup>15</sup>. The Herbs have the capacity for converting the inorganic earth salts, chemicals and minerals into organic substances. These organic substances are suitable for complete absorption into the body. The chemical drugs never fully absorbed into the human system and fail to go to the root of the trouble to give a radicale cure. The vital substances of the herbs get absorbed into the very core of our tissues, and go to the very root of the diseases and remove it totally.

3. Curative elements of Herbal Medicine : The herbal essences get purified and irradiated at day light and it store up the healing potencies of the lunar rays at night. The lunar rays infuse the herb with marvelous curative properties.

"The herbs forms the medicine par excellences. It is infused by a life principle drawn out of the power of the five fundamental elements i.e. earth, water, fire, air and ether. The physical frame of man is a combination of these five and hence the herbal extract is the nearest approach to the most ideal combination for administration"<sup>16</sup>.

Another secret of marvelous curative potencies of the herb is the presence of supraterrrestrial force i.e. the solar energy in them. The sun is the source of cosmic energy and the source of mightiest healing power known to mankind. The plant chlorophyll







is the only substance known in nature that has the capacity of stock piling solar energy in the form of a useful essence.

It is an established fact that science of herbal cure is not experimental, it's high merits and practical utility have long been tested and recorded by researchers. Comparing to elaborate and complicated process of other pharmacopias, the administration of herbal medicine is very simple.

#### 4. Medicine and Food:

Since immemorial we have used plants as medicine as well nutrition "LET FOOD BE YOUR MEDICINE AND YOUR MEDICINE BE YOUR MEDICINE BE YOUR FOOD" SAYS HIPPOCRATES, the father of medicine. Approximately 50 plant based nutrients are essential to the human diet for optimum health as resistance to illness. These specialized foods, herbs help the flow of vital energy in man's body. Disease is caused by stagnant or incorrectly directed energy due to some energy blockage. The herbal medicine food helps to keep the body free of energy obstruction, so the natural energy flows through out the body. The nutrients and vitamins present in herbs enable the keep on body strength and free of diseases.

#### 5. Holistic view of Herbal medicine practices:

Traditional medicine practices are believed to be holistic and concerned with the totality of human functions in society. 'Illness is not only a break down in biochemical, physical or mental terms. It is a disharmony in social, psychological and spiritual areas too. The traditional practitioners often depends more on his ability to mobilize the patients hope, restore his morale, and gain his re-acceptance by his group, in addition to



herbs used. This concern with totality of human functions in society raises traditional practices to HOLISM'.

#### F. International and National Policies and growing interest in Herbal Medicine

Today herbal medicine is once again wide spreading and becoming popular. The apparently safer approach of herbal medicine matched the growing support in many countries through out the world. Countless people use herbal remedies for minor complaints and ailments. Due to the increasing side effects of chemical drugs, failure of primary health care services to cover a significant cross section of rural house holds and the spiralling cost of even common drugs, the use of medicinal plants have assured great contemporary relevance.

Most countries today are attempting to adapt health policies and structures that provide better care, use resources more efficiently and that encourage appropriate health seeking and health promoting behaviour.

WHO in 1978 described Traditional medicine as one of the surest means to achieve total health care coverage for the world population, using acceptable, safe and economically feasible methods.

For more than three decades China has had a policy of integrating traditional medicine into national health.

In Thailand the seventh plan (1992-1996) gives priority to research into medicinal plants. The health ministry promotes the use of 66 traditional medicinal plants in primary health care.

In Republic of Korea between 10% to 20% of the national health budget is directed to traditional medical services and







government report indicate that traditional medicine is favoured equally by all levels of society. (Choe Wonsok, 1993).

The national Institute of Materia Medica in Hanoi has developed a list of 1869 plants with known safety and efficacy in the treatment of common medical disorders (Institute of Materia Medica, 1990).

The Indian Medicine Central Council (1970 Act) officially recognise the Aurvedic unnani medical systems of India in the national health programmes. The National Health Policy (1983) suggests to integrate the services of the traditional practitioners at there appropriate level in health care delivery system.

The canadian drug regulatory authorities have prepared a document, "guide line-Insurance of Drug Identification numbers for Traditional Herbal Remedies", which very clearly brings out in an easy, helpful manner, the points needed in an application for a Drug Identification Number for products traditional herbal medicine.



## *CHAPTER III*

- A. IRRATIONAL AND UNETHICAL DRUG USES  
AND THE CONSEQUENCES
- B. THE ROLE OF MULTINATIONALS IN INDUCING  
IRRATIONAL DRUG THERAPY AND  
THE EXPLOITATIONS
- C. PROMOTION OF HERBAL MEDICINE  
AN ALTERNATIVE
- D. AN INTEGRATED APPROACH THE  
NEED OF THE HOUR





### CHAPTER III

#### A. IRRATIONAL AND UNETHICAL DRUG USES AND THE CONSEQUENCES.

Drugs have alleviated pain and suffering over the centuries. They have helped many to live more comfortable, productive and meaningful life.

India is one of the self reliant in the production of medicine among the developing countries. But unfortunately the medicines being produced are not suitable for treating disease. "INDIA HAS ONE OF THE WORST DRUG POLICIES IN THE WORLD WITH MORE THAN 60,000 FORMULATIONS, 50 TO 60 PERCENTAGE OF WHICH ARE IRRATIONAL AND NON ESSENTIAL DRUGS" says Dr. Mira Shiva. (World's first winner of international award for creating a rational use of drugs)<sup>34</sup>.

It is estimated that one out of every five (i.e. 20%) drugs is substandard and consequently dangerous and ineffective. A good number of drugs being produced are various tonics, digestive pills, syrups and remedies for cold and cough, which have no rational basis to be prescribed.

The patients look for magical results and the doctors are tempted to yield to this irrational urge with out considering the long term consequences. Instantaneous cure of symptoms is the goal of modern medicine. The wonder drugs which can provide good relief, leave the underlying cause of the disease at its root itself. These inorganic drugs give rise to side effects and reduce the resistance power of the body.



The rich are habitually becoming the over users of medicine. Imitating them the poor also spend their 80% expenditure on unnecessary medicine instead of spending it on food. As long as industrial growth and profit margin is the major concern in drug production, rather than people's health and common disease pattern, the government cannot properly control the quality and price of medicines. The irrational and unethical use of drugs adversely affect the health of the millions.





## B. THE ROLE OF MULTINATIONAL IN INDUCING IRRATIONAL DRUG THERAPY AND THE EXPLOITATIONS.

The pharmaceutical industry today is one of the most multinational of modern industries. India had allowed operation of multinational cor-operations in the country, in the hope that they would either bring scarce capital or bring technology for production of essential life saving drugs But the MNCs prefer to produce bulk drug in the area of non-essential, low volume and high cost. There is official acceptance of the fact, that 20% of pharmaceuticals produced in the country are substandard and supurious. A survey conducted in 1980 revealed that out of total 218 samples (of substandard production of drugs) collected, 135 substandard drugs were manufactured by 23 multinational companies" Forienfirm see Indian market as an attractive proposition for testing their medicine on the poor of the country and also an investment to earn lucrative profit. Dr. HALFDEN MAHLER, formerly Director general WHO said:"Drugs not authorised for sale in the country of origin-withdrawn from market for reasons of safety or lack of efficiency, are some times exported and marketed in developing countries"21.

These multinationals exploit the third world market by false advertising. They often mislead the physicians by misquoting the trail reports by holding side effects and toxcity of drugs. Now the consumers are captives of drug industry and physicians are forced to play the role of the purchasing agents for consumers.



### C. PROMOTION OF HERBAL MEDICINE AN ALTERNATIVE:

The prevention of modern illness and disease can no longer afford to ignore the wisdom of generations which goes back to the origin of medicine. Since mankind first populated the world, the art of healing depended on the use of plants.

"YOU MUST NOT BE ASHAMED TO ASK COMMON PEOPLE IF SOMETHING SEEMS USEFUL TO YOU AS A REMEDY, BECAUSE I THINK THAT ART OF MEDICINE AS A WHOLE WAS THAT WAY" 'HIPPOCRATES' - Father of Modern Medicine.

The essential drugs concept was developed to counter act high expenditure of drugs, drug abuse and irrational use of drugs. Promotion and development of herbal drugs might be instrumental in achieving these goals, both by providing local alternatives to essential drugs and as an instrument to increase the consciousness of population regarding safe and effective use for drugs.

The modern drugs directly attack the diseases and in the process greatly weakeness the human system. These synthetic chemicals, because of lack of biological energy, have to be taken in large quantity to work. Herbs on the other hand have biological energy present in them. This enable herbs to work in harmony with human biological system to enact healing. So the chances of side effects and declining resistance of body are very minimum. Many of the present medical problems which are unsolved and unanswered by the ultra modern medicine can be possibly unlocked by the alternative medicine.







It is accepted that 80% of patients who attend the medical centres are for first aid, minor illness and chronic disease problems. 'People took care of these problems with traditional systems before they succumbed to the glamour of 'a pill for every ill offered by the western medicine. These self limiting 'minor' problems need more care than medicine, so there is a need to get back with a clearer message to these old practices which are useful'38.

A waste majority of the rural poor remain outside the modern medical system and are forced to compete with rich in the same market for health care services. The alternative methods of health care delivery based on traditional medicine can by pass the 'market economy' that is depended on multinational companies.

Accessibility, availability and low cost of herbal medicine and home remedies facilitate the use of these alternatives among the people.



#### D. AN INTEGRATED APPROACH THE NEED OF THE HOUR.

To integrate mean - to combine or form parts into a whole.

Also - to bring or come into equal partnership.

Niether traditional nor modern medicines is adequately meeting the health care need of the people, therefore, one must ask, if together they can be articulated so as to produce a fruitful out come that will maximise the use of scarce resources.

"Nevertheless it must be remembered that home remedies cannot be a substitute for scientific diagnosis and advanced treatment. An integrated approach which combines simple and effective practices of traditional medicines with modern therapy would be the best approach in treating diseases" J.B. LOBO(Home Eneyclopaedia).

The advantages of traditional practices such as accessibility, availability, low cost etc are obvious, its main weakness lies in the fact that traning provided is limited and unrelated to modern developments in the medical and health sciences. So that it often leads to quackery. The modern system is very competent from technical and professional point of view. But it lacks some of the emotional, psychological and social advantages of the traditional medicine and is so costly not affordable by the poor.

So what is necessary there for is that combine the good features of both system. It is suggested that modern system can be consciously articulated down wards, so as to increase the potential for referral systems and training programs, while traditional medicine can be supported by the modern system with





use of village health aides, traditional birth attendants, etc.

The primary aim of the integration should be to develop a system of health care that enables people to take care of their health. People recognise the utility of modern/western medicine in areas of emergency, critical care, surgery, Immunization and diagnostics. People has to be made aware, when and how this can be utilized.

"For far too long, Traditional systems of medicine and 'modern' medicine have gone their separate ways in mutual anti-pathy. yet are not their goals identical to improve the health of mankind and there by the quality of life. Only the blinkered mind would assure that each has nothing to learn from the other"10.  
H.MAHLER, (formerly Director General W.H.O.)

The western and traditional systems are complementary and should be constructed to function along side one another. The modern and traditional practitioners need to be educated to reduce mutual antagonism and promote integration. The question of 'scientific validity' is to be ensured, not by western scientific standards, but from the traditional sciences. Thus an integrated health programme is the need of our country with focus on health as the right and responsibility of each person and with emphasis on low cost health care utilizing the national resources and promoting healthy life style.



## ***CHAPTER IV***

### **STUDY OF THE QUESTIONNAIRE AND INTERVIEW SCHEDULE**

- A. ANALYSIS OF THE RESPONSES OF HERBAL  
MEDICAL PRACTITIONERS
- B. ANALYSIS OF THE RESPONSES OF  
PATIENTS USING HERBAL MEDICINE
- C. FINDINGS OF THE STUDY
- D. DISCUSSIONS
- E. CONSTRAINTS AND LIMITATIONS
- F. RECOMMENDATIONS
- G. CONCLUSION
  - REFERENCES
  - BIBLIOGRAPHY
  - APPENDIX NO.1 - Family Health Kit used in the Villages
  - APPENDIX NO.2 - Questionnaires
    - 1. For Herbal Practitioners
    - 2. For patients using Herbal Medicine.





## CHAPTER IV

### STUDY OF THE QUESTIONNAIRE AND INTERVIEW SCHEDULE

In the previous chapters, I have tried to bring out briefly the existing realities of primary health care in India. The need for revatalising our Herbal Medical Practices was emphasized, recognising the cultural and socio-economic back ground of our country.

In recent times some initiative is being taken, especially in the private sector, to bring back these meritorious Health practices. In order to research into the practicability and feasibility of the use of herbal medicine in primary health care, for common ailments a study is done through questionnaire and interview schedule.

#### A. Analysis of the response of the Herbal Medical practitioners

Because of time constraints and distance 30 questionnaires were sent by post to Herbal Medical Practitioners of different parts of India and other 10 Herbal Practitioners were interviewed with same structured questionnaire personally by the investigator. Out of thirty questionnaires sent by post Twenty two responded. Total number of respondents 32/40 - 80% response.



Q.1.Number of patients treated over a period of six months.

Herbal practitioners - 32

Total Number of patients - 29479

Per practitioners -

Lowest number of patients -25

Highest number of patients - 5000

TABLE : 3

No. of patients	Practitioners	
	No.	%
Below 500	20	62.5%
500 - 1000	4	12.5%
1000 - 5000	8	25%
	32	100%

The respondents were asked to give the total number of patients they have treated in the last six months. There is a very significant variance in the number of patients treated by individual practitioners.

- A majority 20/32 (62.5%) has treated below 500 patients.

- 8 out of 32 (25%) have treated above 1000 patients.

- 4 out of 32 (12.5%) have treated 500 to 1000 patients.

Note:- where there is a range like 50-100 patients reported minimum figure has been taken.





## Q.2. Types of diseases treated by Herbal practitioners

### a. Chronic illness

30 out of 32 (90.6%) practitioners have treated chronic illness. Out of these the commonest mentioned are:

- Skin diseases 14 out of 30 (46.6%)
- Arthritis 8 out of 30 (26.7%)
- Gynaecological Diseases, 8 out of 30 (26.7%)

There was no response from 2 practitioners.

### b. Serious illness

17 out of 32 (53.1%) practitioners have treated serious illness out of these the commonest mentioned are:

- Jaundice and Liver disorders 15 out of 17 (88.2%)
- Snake bite, 2 out of 17 (11.8%)

There was no response from 15 practitioners.

### c. Mild illness

32 out of 32 (100%) practitioners have treated mild illness.

Out of these the commonest mentioned are:

- cough, cold and fever, 16 out of 32 (50%)
- diarr<sup>o</sup>rrhea, 15 out of 32 (46.8%)
- wounds and ulcers, 8 out of 32 (25%)

### d. Terminal illness

9 out of 32 (28.1%) treat terminal illness. The terminal illnesses mentioned by two are sickle cell anaemia and tumor. Others have not mentioned any disease.



Q.3. Using of medicine in primary Health care

TABLE 4

	Practitioners	
	No.	%
Only Herbal Medicine	15	46.9%
Allopathic and herbal	16	50. %
Herbal and Homeo	1	3.1%
	32	100%

The table (No. 4) shows 16 out of 32 (50%) herbal practitioners use allopathic and herbal medicine for treating the patients.

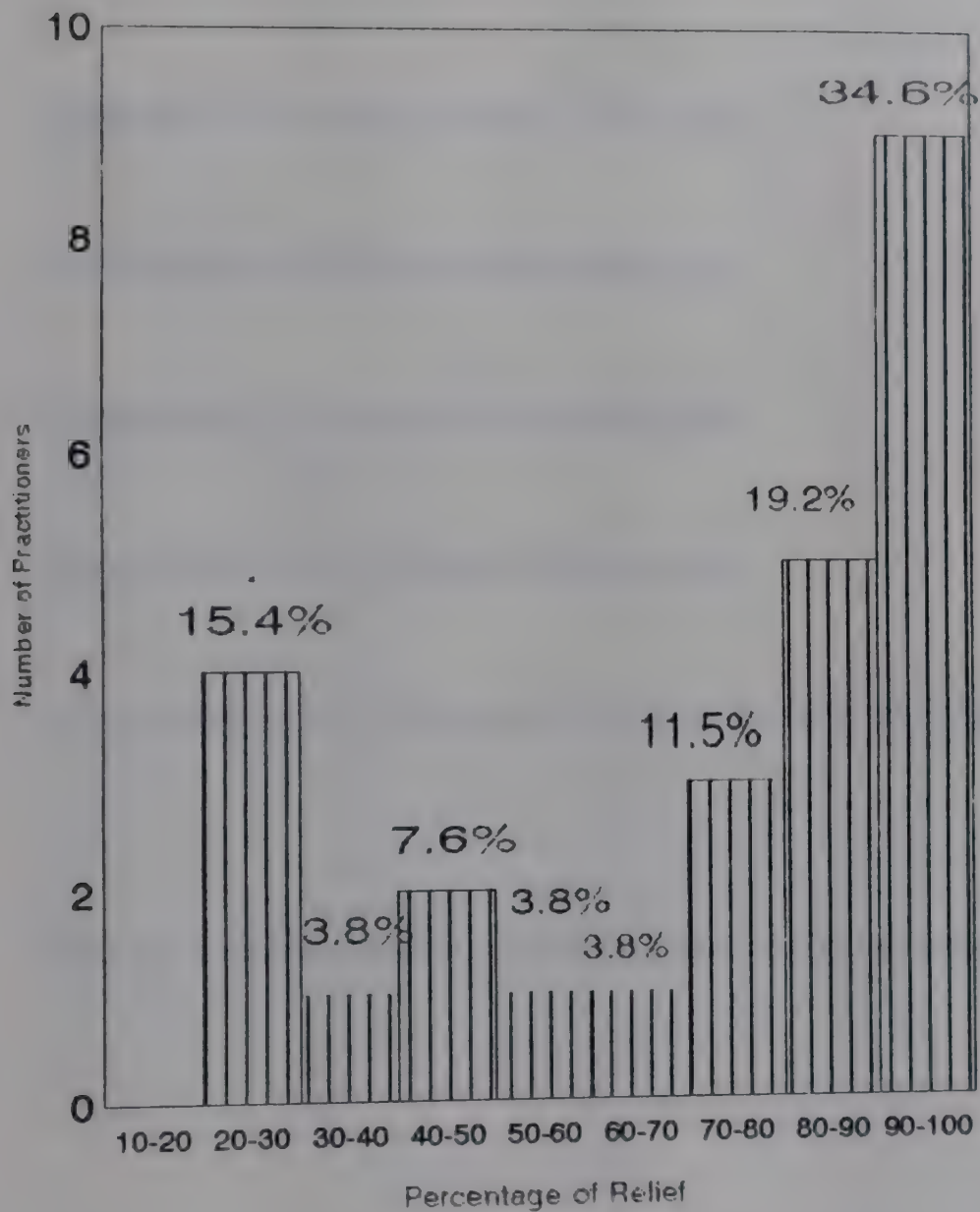
15 out of 32 (46.9%) herbal practitioners use only herbal medicine.

1 out of 32 (3.1%) use herbal and homeo.





OF  
Relief diseases using  
Herbal Medicine alone



Q.4.a Improvement of disease with herbal medicine reported by herbal practitioners.



9 respondents (34.6%) reported 90-100% relief

5 respondents (19.2%) reported 80-90% relief

4 respondents (15.4%) reported 20-30% relief

3 respondents (11.5%) reported 70-80% relief

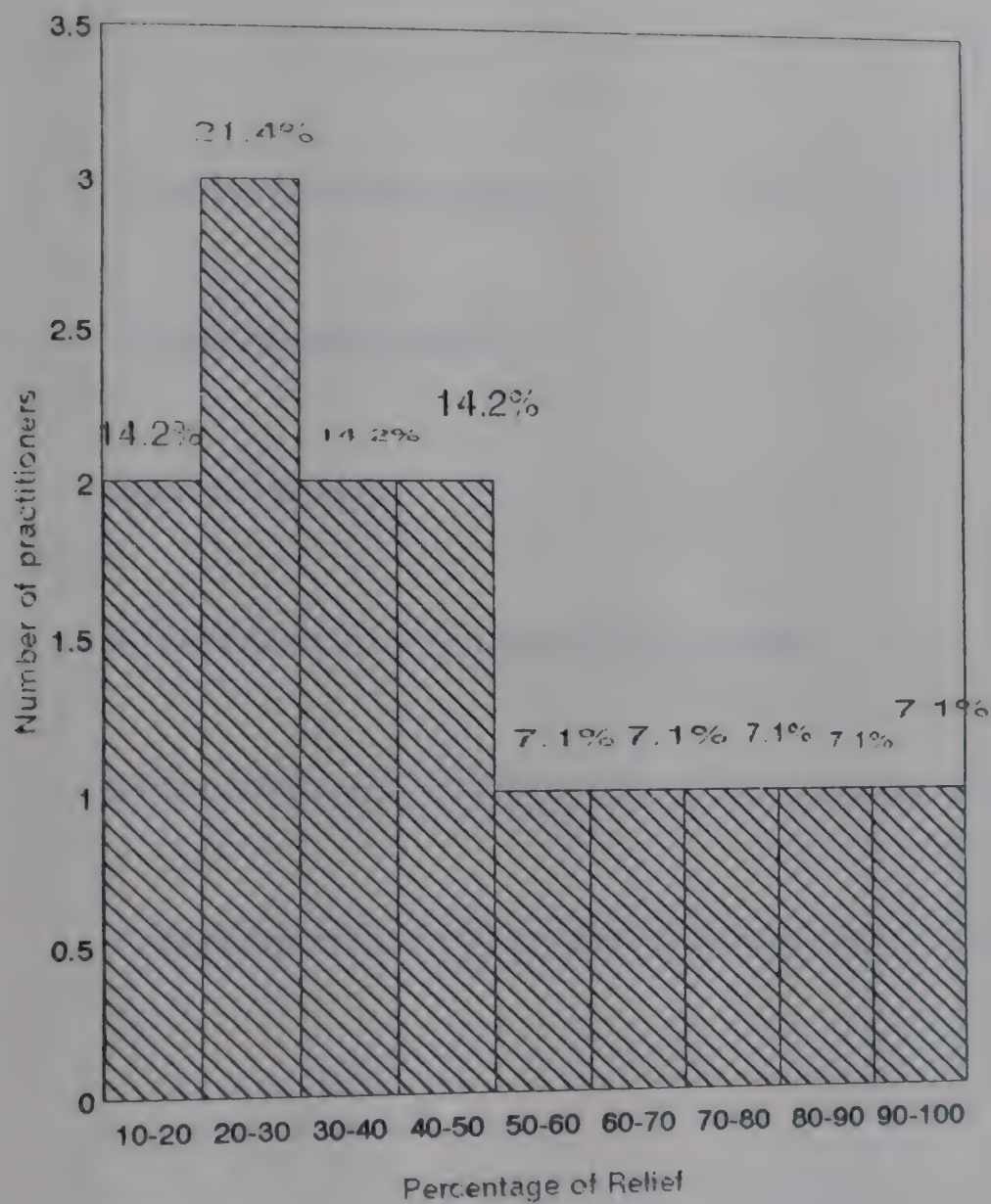
2 respondents each (3.8%) reported 30-40%; 50-60%; 60-70% relief

There are 5 incorrect answers and one no response for this question.





## Relief of Disease using Allopathic & Herbal Medicine



b, Improvement of disease using Allopathic and Herbal Medicine reported by Herbal Practitioners.



17 responded to this question

3 responses were invalid

in the remaining:

3 respondents (21.4%) reported 20-30% relief

2 respondents each (14.2%) reported 10-20%; 30-40%; 40-50% relief

1 respondent each (7.1%) reported 50-60%; 60-70%; 70-80%; 80-90%; 90-100% relief





Q.5. Completed the course of treatment with herbal medicine.

14 responants (46.6%) reported 90-100% patients completed the treatment with herbal medicine.

8 respondants (26.6%) reported 80-90% of patients completed the treatment.

6 respondants (66%) reported 60-70% patients completed the treatment.

2 repondants (20%) reported 60-70% patients completed treatment.

No repondants gave any figure below 60%

2 respondents did not answer correctly.

Note: (1) Some respondants have given the average number of patients and others percentage. Where the numbers have given percentage is calculated out of it.

(2) Where there is a range of number the minimum has been taken.



Q.6. Opinion regarding the under lying factors by which the people use herbal medicine.

TABLE 5

Factors	Practitioners		
	No.	T.No	%
a. Low cost	23	32	71.9%
b. Faith in herbal medicine	25	32	78.1%
c. Allopathic medicine reaction	13	32	40.6%
d. complete cure	25	32	78.1%

25 out of 32 (78.1%) reported because of faith and for complete cure of the disease.

23 out of 32 (71.9%) reported because of low cost of herbal medicine.

13 out of 32 (40.6%) reported because of allopathic medicine reaction.

e.Other reasons:- 13 out of 32 (40.6%) responded for this question.

The reasons mentioned by them are :-

complete cure	-	4 (30.8%)
Safety	-	2 (15.4%)
Availability	-	2 (15.4%)
Time saving	-	2 (15.4%)
Empowerment	-	2 (15.4%)
Awareness	-	1 ( 7.6%)





Q.7. Using Allopathic diagnostic facilities.

TABLE 6

	Practitioners	
	No.	%
Using always	14	43.8%
Never using	14	43.8%
Use Sometimes	4	12.4%
	32	100%

14 out of 32 (43.8%) respondents use Allopathic diagnostic procedure always.

14 out of 32 (43.8%) never use any allopathic diagnostic procedure.

4 out of 32 (12.4%) some times use allopathic diagnostic facilities.



Q.8. Opinion about effectiveness of integrated treatment in primary Health care.

TABLE 7

	Practitioners	
	No.	%
Herbal medicine alone	13	40.6%
Integrated with Allopathy	16	50 %
Integrated with Homeo or Accupressure	3	9.4%
	32	100%

16 out of 32 (50%) respondents reported integrated treatment with herbal and allopathic is effective.

13 out of 32 (40.6%) reported herbal medicine alone is enough for primary Health care.

3 out of 32 (9.4%) respondents reported integrated treatment with Homeo or Accupressure is effective.





Q.9. Category of patients treated by herbal practitioners.

TABLE 8

Category	Practitioners	
	No.	%
Rural	20	62.5%
Cities	NIL	0
Cities + Rural	12	37.5%
	32	100%

20 out of 32 (62.5%) respondents treated only the people in rural area.

12 out of 32 (37.5%) treated both from cities and rural.

Nobody is there who treat only in city.



Q.10. Herbal garden at centre

31 out of 32 (96.8%) respondents have medicinal plants in their centre.

Q.11. Availability of herbal medicine in local area

31 out of 32 (96.8%) respondents reported medicinal plants are available in the local area.

Q.12. Preparation of Herbal Medicine

31 out of 32 respondents prepare herbal preparations in the centre.





Q.13. Getting support for the practitioner

TABLE 9

	Practitioners	
	No.	%
From Government	1	3.1%
From Non-Government Organizations	14	43.8%
From Both	1	3.1%
No support	16	50%
	32	100%

16 out of 32 (50%) respondents reported not getting any support from Government.

14 out of 32 respondents reported they get support from Non-Government organisations.

Q.14. Reasons for practicing Herbal Medicine in the area.

To this open ended question the responses include,

- 1. Safe and availability - 22 out of 32 (68.8%)
- 2. Low Cost - 15 out of 32 (46.9%)
- 3. Acceptance and Faith - 12 out of 32 (37.5%)
- 4. Good results - 11 out of 32 (34.4%)
- 5. Empowerment - 10 out of 32 (31.3%)
- 6. Natural Medicine - 2 out of 32 (6.2%)
- 7. Revival of herbal medicine - 20 out of 32 (6.2%)
- 8. Holistic - 1 out of 32 (3.1%)



## B. ANALYSIS OF THE RESPONSES OF THE PATIENTS USING HERBAL MEDICINE

A short description of the socio-economic conditions of the patients interviewed.

To analyse and study the attitude and practice of the people the Investigator interviewed hundred patients who were using herbal medicine at home. The interview is done with structured questionnaire and encouraging open comments and seeking information. These patients were from three villages of south India (northern part of Kerala), where an active Herbal medicine awareness programme is going on since two years with the guidance of a religious congregation of sisters. Health promoters with special training are there to guide and motivate people. No health centres or dispensaries are functioning for herbal medicine. The patients interviewed belong to an average income group. They are having an equal level of education, all are under graduates except 2 persons.





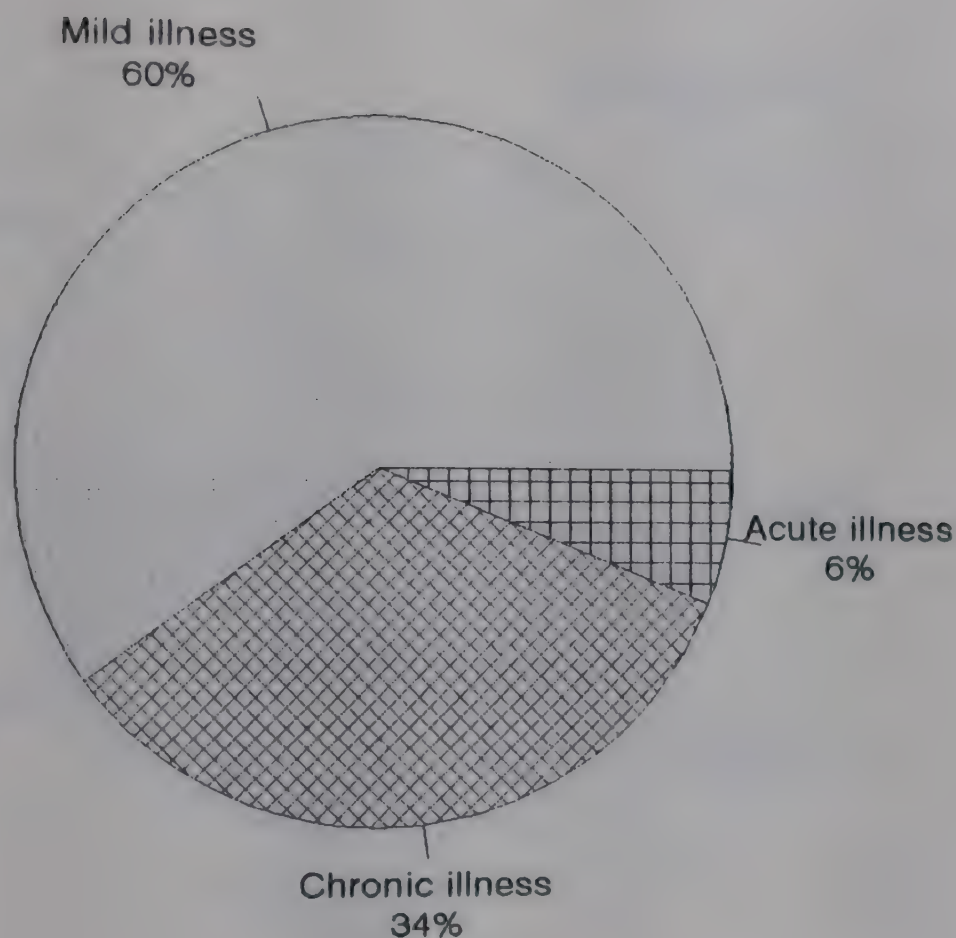
Q.1. Age and sex wise classification of the patients interviewed.

TABLE 10

Age	Patients		Sex	patients	
	No.	%		No.	%
Below 20	17	17%	Male	46	46%
20 - 40	39	39%	Female	54	54%
40 - 60	36	36%			
Above 60	8	8%			
	100	100%		100	100%



## Types of Illness treated with herbal medicine



60 out of 100 (60%) participants reported they use herbal medicine for mild illness.

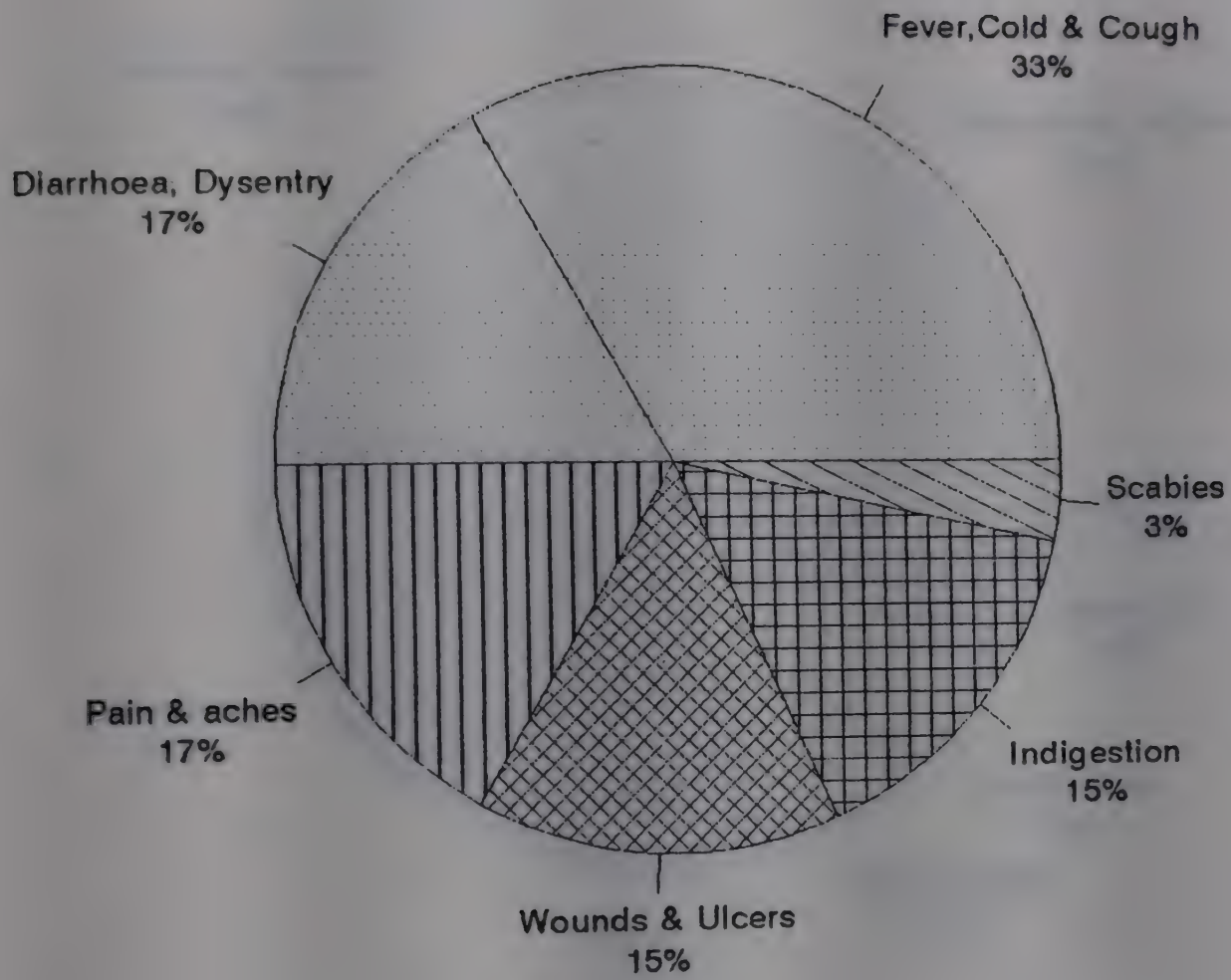
34 out of 100 (34%) participants reported they use herbal medicine for chronic illness.

6 out of 100 (6%) participants reported they use herbal medicine for acute illness.





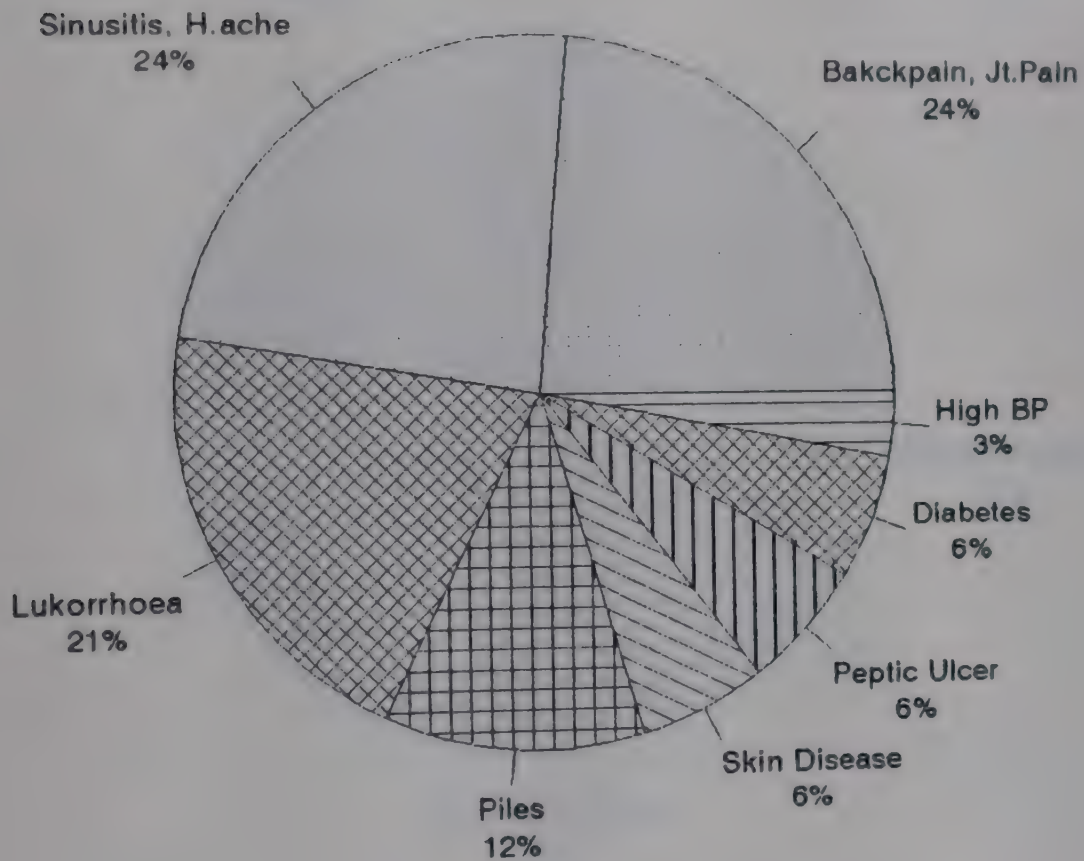
## Mild Illnesses





## Chronic Illnesses

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### **ACUTE ILLNESS**

This acute illness include:

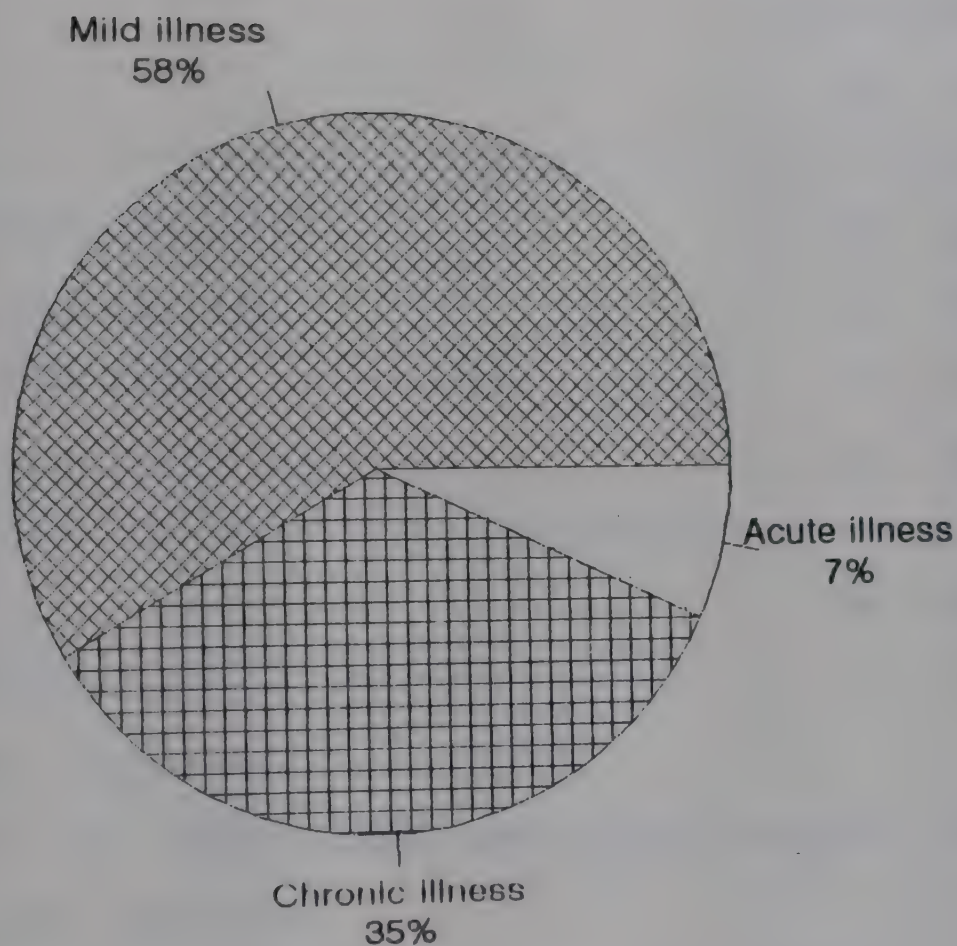
- Jaundice - 50%
- Sprain and fracture - 50%





Q. 3

## Improvement of Illness



89 out of 100 (89%) respondents reported improvement in their illness with herbal medicine.

11 out of 100 (11%) have reported no improvement in their illness.

52 out of 89 (58%) reported improvement in mild illness.

31 out of 89 (35%) reported improvement in chronic illness.

6 out of 89 (7%) reported improvement in acute illness.



Q.4. Other treatment before herbal medicine treatment.

TABLE 11

Treatment	Patients	
	No.	%
Shifted from Allopathic	40	40%
Shifted from Aurveda	4	4%
Shifted from Homeo	3	3%
Started with Herbal medicine	53	53%
	100	100%

Table (No. 11) shows:

53 out of 100 (53%) participants started treatment with herbal medicine.

40 out of 100 (40%) after taking Allopathic.

4 out of 100 (4%) after taking Aurvedic treatment.

3 out of 100 (3%) after taking Homeo medicine.





Q.5. Preference of the treatment

TABLE 12

Treatment	Patients	
	No.	%
Allopathic	0	0
Herbal	85	85%
Combined	15	15%
	100	100%

85 out of 100 (85%) participants said they prefer Herbal medicine.

15 out of 100(15%) participants said they prefer combined treatment.

No participants said they prefer Allopathic medicine.

Q.6. Under lying factors for the use of Herbal Medicines

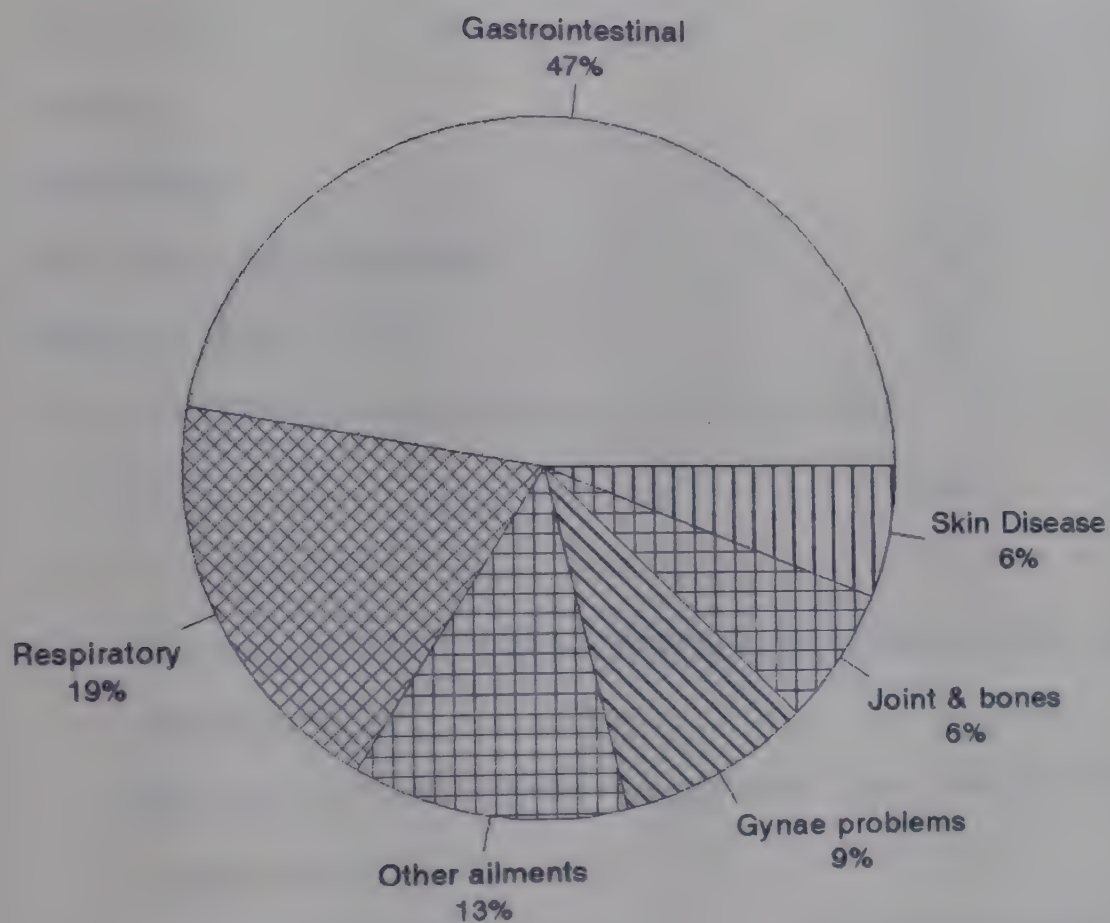
100 out of 100 (100%) respondents said that they use Herbal medicine because they have faith in Herbal medicine, herbal medicine is cheap and it is effective.

87 out of 100 (87%) said because it is available all the time.

42 out of 100 (42%) said because it has no reactions and because of resistance of Allopathic drugs.



## Q.7 CATEGORIES OF DISEASES TREATED WITH HERBAL MEDICINE



*Some have mentioned more than three diseases. The diseases mentioned are classified under six categories.*





Q.8. Combined treatment with allopathic and Herbal medicine.

TABLE 13

	Patients	
	No.	%
Always	00	00
Sometimes	30	30%
For certain Diseases	35	35%
Both of the above	35	35%
	100	100%

35 out of 100 (35%) mentioned some times they take combined treatment.

30 out of 100 (30%) mentioned for certain disease they take combined treatment.

35 out of 100 (35%) has ticked for both of the above.

No respondents mentioned that they take combined treatment always.



Q.9. The disease for which a combined treatment is preferred.

The respondents responded by saying that they prefer allopathic medicine for starting treatment and then combining it with Herbal medicine. The disease mentioned by them are listed in discending order of frequency.

- Heart problems.
- High fever
- Severe pain
- Severe diarrhoea with vomiting.
- High B.P.
- Jaundice with vomiting
- Diabetes

Q.10. Experience of side effects from Herbal medicine.

95 out of 100 (95%) respondents said no reaction from Herbal medicine

5 out of 100 (5%) said that had reactions from Herbal medicine for them or seen in others.





Q.11. Availability of Herbal medicine.

TABLE 14

	Patients		
	No.	T.No	%
From shops	100	100	100%
From Field	100	100	100%
From Home yard	100	100	100%
From Herbal practitioners	19	100	19%

100% participants said they get Herbal medicine from shop, field and home yard.

19 out of 100 (19%) said they get from herbal practioners.

In the questionnaires taken by interviewer, the participant said that:

- they may buy only raw/dry materials from shop, rarely prepared medicine.

- they prefer to make their own medicine.



Q.12. To this open ended question majority of responses were repetitions of what have already ben obtained in interview. They include:

- |                            |      |
|----------------------------|------|
| - Low cost                 | - 64 |
| - Belief and Acceptability | - 60 |
| - Effectiveness            | - 60 |
| - Safety                   | - 29 |

Apart from these, the other mentions are in two types:-

a. The positive points are:

- |                                       |      |
|---------------------------------------|------|
| - empowerment                         | - 35 |
| - community participation and oneness | - 31 |
| - prevention of diseases.             | - 24 |

b. The negative points are:

- |   |      |
|---|------|
| - Non availability of medicinal plants seasonally | - 26 |
| - Difficuly in preparation and lack of time.      | - 30 |
| - Slow action                                     | - 10 |





### C. FINDINGS OF THE STUDY

From the analytical study with corresponding tables and diagrams of the responses of herbal practitioners and the patients interviewed the following findings are drawn.

i. Findings from the responses of herbal practitioners:

- 1) A majority 62.5% respondents have treated below 500 patients for a period of six months.
- 2) 100% respondents have treated mild ailments; 90.6% treated chronic illness and 53.1% treated serious illness also. The commonest diseases mentioned by the respondents are fever, cough, cold (50%) (mild illness); skin disease 46.6% (chronic illness); Jaundice and Liver disorder (88.2%) (serious illness).
- 3) 53.1% of the Herbal practitioners integrate their treatment with other systems of medicine.
- 4) 34.6% respondents reported 90-100% relief of disease in the treatment with herbal medicine alone.
- 5) 46.6% respondents reported 90-100% patients who came for herbal medicine treatment completed the course of treatment, they remained on herbal treatment.
- 6) 78.1% respondents reported that patients take herbal medicine mainly because they have faith in the effectiveness of herbal medicine and for a complete cure of the disease.

According to 71.9% respondents reporting patients use herbal medicine because of its low cost.

- 7) 43.8% of respondents use allopathic diagnostic facilities in



their treatment.

8) 50% of the respondents reported that an integrated treatment with herbal medicine and allopathic medicine is more effective in primary Health care.

9) 62.5% of Herbal practitioners reported that patients they treated belong to rural areas.

10) 96.8% respondents reported that they have medicinal plants at their centre and the medicinal plants are available in their area for local illness.

11) According to the respondents non governmental organizations give more support than government for their activities.

12) According to the respondents the use of herbal medicines in primary health care encourage people's participation and self reliance in the primary health care needs.

ii. Findings from the response of the patients interviewed

1) The participants use herbal medicine mainly for:

- common ailments (60%) like fever, cold and cough, diarrhea pain and aches.

- chronic illness (34%) like chronic joint pains, back pain, snusities, lukorrhea.

2) 89% of participants reported improvement in their illness. In the reported illness 58.5% is mild illness.

3). 53% of participants said that they rely only on herbal medicine for treatment and a 40% said they shifted their treatment from Allopathy to herbal.

4). 85% participants said that they prefer herbal medicine.

5) According to the participants they prefer herbal medicine because:





- they have faith (100%)
- Effective (100%)
- Cheap (100%)
- easily available (87%)

6) The participants reported that they go for herbal medicine, for the disease of Gastro-intestinal (47.3%); respiratory (18.9%) and other ailments 12.6%.

7) 70% of the participants responded that they prefer to take herbal medicine along with allopathy for certain diseases which are presented below according to the order of frequency.

- Heart problems
- High fever
- Severe pain
- High B.P.
- Jaundice with vomiting.
- Diabetes.

8) 95% of participants reported that they have no experience of reaction for herbal medicine.

9) All the participants reported they are able to prepare medicine at home with raw materials available in shops, field and home yard.

10) The Participants opined that use of herbal medicine promotes self reliance (35); community participation (52) and prevention of diseases (24).



## D. DISCUSSIONS

Primary health care, the essential basic health care is envisaged to have characteristics, such as "relevance (appropriateness) comprehensiveness, adequacy, availability, accessibility, affordability and feasibility" (J.E. Park 1994 14th edition). These characteristics are fulfilled to a considerable amount in the sample population.

The statistical analysis of the responses of the participants reveal that 85% participants prefer herbal medicine to allopathic medicine for the simple reasons of increased faith in the potency of herbal medicine, reduced cost, safety and easy availability. Herbal medicine are also equally believed to be powerful in preventing disease(30%) and promoting health, thus fulfills the requirement of comprehensive health care. The participants were confident enough to report that they could nurture and maintain the medicinal plants that are used in the treatment of common ailments in their home yards without much economical constraints. The seasonal variations that affect the lives of plants demands extra care and facilities, which imposes financial burden upon them. If given proper support and guidance of experts this problems can be solved easily. The participants exhibited considerable amount of awareness of the harmful effects of modern drugs and the improved safety in the usage of herbal medicines.

Traditional medical practices are concerned with the totality of human functions in society and represent a more holistic approach. The investigator felt that herbal preparations are





nothing new but they are part and parcel of their daily lives. Even the leaders of the community remarked that introduction of herbal medicine in the research area have dramatically changed the life style of the people. "Co-operative efforts of the people to prepare herbal remedies", they said, "have even resolved many conflicts that were existing among the people". The investigator could experience the participants enthusiasm in propagating the herbal preparations among the neighbors and friends.



### E. CONSTRAINTS AND LIMITATIONS

1. Limited no of practitioners contacted due to time constraint. But 80% response obtained.
2. Some questions have not been well understood by repondants, hence inavlid/incorrect answers and repititions cannot be avoided.
3. Only herbal practitioners and patients using herbal medicines have been contacted. Others have not been contacted.
4. Herbal practitioners and patients are not able to give clear/allopathic diagnosis. They give general diagnosis eg: liver disease/stomach disorders etc. Hence classification by exact diagnosis is difficult. Verification of type of disease and severity has also not been possible.
5. The herbal practitioner's question<sup>n</sup><sub>A</sub>ire covers various parts of our country. The patient's question<sup>n</sup><sub>A</sub>ire is restricted to south India (north Kerala) due to constraints of travel.





## F. RECOMMENDATIONS

The following recommendations are based on the result of the present study.

1. Promotion of Herbal medicine should be done based upon the local practices and perceptions of the people and integrate into the primary health care, that encourages community participation.
2. Knowledge of medicinal plants must be popularized and made accessible to all the members of the community.
3. Commonly used medicinal plants must be raised in nurseries and distributed among the people with guide-lines on how to use them for treating common ailments.
4. Primary health care workers should be given proper training and education so that they in-turn can motivate the people.
5. Health professionals in every sphere of activities should be given orientation into herbal medicine, so as to change their attitudes towards these systems of medicine
6. Use of herbal medicine and other traditional systems of medicine should be incorporated into the treatment regime in hospitals so that an integrated system of 'Indian medicine' can be gradually developed.
7. The government should have a clear national policy concerning practices of traditional medicine including the promotion of herbal treatment as an integral component of PHC.
8. The government should develop herbal formularies of proper validation and encourage its use both to traditional medical practitioners and medical professionals for the wider use of it.



## G. CONCLUSION

Health is a basic right of every citizen and it should be one of the greatest concerns of every country and state. Health of a population is very much influenced by the social, political, cultural and economic factors. The Health Care system of India is influenced by the western culture during the period of British Colonialism. As a result modern medicine has taken dominance and has caused a negative effect on our Health Care Services.

Through this topic I wish to expose three specific factors concerning our primary Health Care system.

1. The failure of primary Health care in India and the background which has led to the present situation.
2. The declining of Traditional Local Health practices and the need and relevance of reviving them to meet the basic health care needs of people.
3. The need to bring out a situation of integrated health services so as to make use the benefits of modern and traditional systems of medicine.

The study on the situation of primary health care in India reveals that the present effort to provide health care to the people of India is a big failure. The western model health care approach, neglecting the traditional systems, is able to provide its service only to a 30% of population.

The review of the literature reveals the concepts of primary health care and emphasise the need for self reliance and self determination in primary health care. A description of India's





Medical heritage reveal the proven efficacy of Herbal Medicine.

The analytical study of responses of the herbal practitioners and the patients interviewed shows that the requirements of primary health care, accessibility, availability affordability and feasibility are fulfilled to a certain amount in the sample population. The observations and experiences during the study in the village also force me to come to the conclusion that people have immense faith in herbal medicine. and they are able to manage their common health care needs by themselves effectively and at an affordable cost with herbal medicine. Also if given proper knowledge and guidance, the people can integrate these treatment for their own in the areas of necessity.

Thus the study of literature, analysis of the responses of the participants and my observations and experiences support my HYPOTHESIS "Herbal medicine can be effectively used for common problems in primary Health care".

I have touched on only a few aspects of this vast topic. Primary Health Care Services that are aimed at keeping 'People's Health in people's Hand' should make proper use of this awareness among people and should strive to empower them with skill and resources in the Traditional Health Field. So I would like to suggest, further studies on this topic should focus in the areas of conservation and cultivation of medicinal plants, preparation of Home Remedies, and how the Voluntary Organizations and Government Public Health workers can be integrated into this net work of preparation of drugs and propagation of medicinal plants.



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## APPENDIX 1

### FAMILY HEALTH KIT - USED IN THE VILLAGES

#### (1) TABLET FOR GENERAL USE (SAHADEVI GULIKA)

##### INGREDIENTS

- Ajowain
- Garlic
- Hing (Asafoetida)
- Nutmeg (Jaiphal)
- Sweet flag (Acorus Calomus)
- Pipili
- Picrorrhiza Kurrooa (Bot.) Mal. Kadugu-Rohini.
- Basella Alba (Bot.) Mal. Marykku.
- Turmeric
- Pepper
- Rock salt.

##### MODE OF PREPARATION.

Take all these ingredients in equal amount and make fine powder and mix well.

To this mixture add the pure juice (without water) of the following herbs:

1. Kayyunnyam (mal). (Bot. Eclipta Alba)
2. Poovamkuruthal (mal). (Bot. Vernonia Cinerea)
3. Panikurka (mal).
4. Kudakan. (Mal). (Bot. Centella asiatica)

Crush one handful of each of these leaves and prepare juice. Knead the above powders with then juice and grind well.





again, make pills of the size of mutter or pea and dry them in the shade and preserve.

USES:- Worm trouble, fever, cold, dysentery diarrhea, vomiting, cough, gastric problem, indigestion.

DOSE:

For infants: Rub the pill once against a rough surface with break milk and give.

Children 3-5 years: 1 grain three times a day.

Children 5-10 years: 2 grain three times a day.

Children 10-15 years: 4 grain three times a day.

Adult 5 : 1/2 tablet three times a day.



## 2. ASTACHURNAM

### INGREDIENTS:

Dry ginger, pipaili, black cumin, jeera, hing (Asafoetida) pepper, ajwain, rock salt.

### MODE OF PREPARATION:

Take each of the above ingredients in equal proportion and make fine powder and mix well and preserve.

### DOSE:

For children 3-5 year-1 Pinch

For children 5-10 years-2 Pinches

For children 10-15 years-3 Pinches.

Adult -i teaspoonful.

### USES:

Stomach ache -mix with hot water and drink

Diarrhea -mix with honey and eat.

gastric problems - mix with hot water and drink

vomiting - mix with honey and eat.

indigestion - mix with hot water and drink.

(ulcer patients and typhoid patients never take this preparation).

## 3. TALIIS PATRADI CHURNAM

(For respiratory and other ailments)

### INGREDIENTS:

Talispatram (bot. Abies Wabbioma) 5 gram

Pepper - 10 gram; dry ginger-20 gram; piplli- 40 gram, cinnamon-

38 gram; cardom-38 gram; sugar-320 gram. Make fine powder of all

these and mix well and preserve.





## USES:

Cough, Asthma, Bronchitis, pneumonia, fever, lack of appetite, throat pain indigestion, diarrhea, vomiting,

## DOSE:

Children : 1 pinch with honey or breast milk

Adult : 1 teaspoon 3 times per day.

NB: Not to be given for diabetic patients; prepare the medicine without sugar and use with honey for diabetic patients.

### Alternative medicines for respiratory problems

1. Make fine powder of the leaves of Arusa (Adathoda) and Kanata-kari, mix them in equal proportion and preserve.

DOSE: 1 teaspoonful 3 times a day for 5 days.

USES: Cough, Asthma, Whooping cough bronchitis, pneumonia.

## 4. TURMERIC POWDER

Make pills of turmeric powder mixed with honey of the size of gooseberry and preserve.

One pill each morning and at bed time for 1 month.

USES: Stomach ulcer, Leucorrhoea stomatitis, Burning sensation in the stomach.

Leucorrhoea: Grind one teaspoonful of the turmeric powder with nine leaves of centella asiatica (mal. Kodakam) mix with butter milk or tender coconut water and drink for 21 days.

## 5. MEDICATED OIL

### INGREDIENTS:

1. Bark of Pongamia glabra. Bot. (mal. Pungamaram).

2. Betel leaves (Pan leaves)

3. Drumstick leaves

4. Leaves of Indian coral tree mal. (mullumurikku)



5. Leaves of Tarutaval (mal).
6. Aloc barbadensis (mal. kattar vagha)
7. Onion

8. Asparagus Race mosus (mal. Satavart-root)

To prepare One Bottle (600 ml) oil.

Take 350 gram each of the 1st seven ingredients, Sprinkle some water, crush and squeeze it, 4 bottles of the juice (2400 ml) Add one bottle (600 ml) of rice wash water to the juice. Also grind and mix 120 gram of the root of the root of satavar. Add all these to one bottle (600 ml) of cocunt oil. Boil this mixture on slowfire until the ingredients become rather reddish and hard. Remove from the fire, strain and preserve.

USES:

For external application for the following diseases

For all sort of skin disease like parasitie disease, allergy, dry skin, rashes sores, Eezema, ulcers, leprosy, herps, psoriasis, boils, cuts and wounds, ear ache, burns, inflammations and swellings bruises, sprains, Rheumatic pains etc.

## 6. TOOTH POWDER

INGREDIENTS:

Mango leaves

Kadakam (mal)

Mint (podina)

Salt, pepper, ginger, Jaiphal (nutmeg) Grambu (lavung)

Mode of preparation





Prepare the powder of the mango leaves, Kodakam and mint and mix them in the proportion of 4:2:1 respectively. To this mixture add little bit of the powder of salt, pepper, dry ginger, nut meg and grammbu and preserve.

USES:

Brushing teeth.



## APPENDIX 2

### QUESTIONNAIRES

Term Paper Topic:- "RELEVANCE OF HERBAL MEDICINE IN PRIMARY HEALTH CARE".

Questionnaire No.1. For Herbal practitioners

This questionnaire is part of the research I am doing for D.H.C.A programme at St. John's medical college. I shall be immensely grateful if you could go through this questionnaire carefully and answer all of them. You do not have to write your name or name of the center or Hospital. The information you give will be kept strictly confidential.

Please return the filled up questionnaire to me on or before June 30th in the self addressed stamped envelop

Q.1 Total number of patients you have treated with Herbal medicine for the last six months

Q.2 What types of cases come to you for Herbal Medicine. Mention 3 most common ones.

a. Chronic

b. Serious

c. Mild illness

. Terminal illness

Q.3 Do you use only Herbal medicine

Or both Herbal and Allopathic

Q.4 The approximate percentage of patients with complete relief in last six months

- Using only Herbal Medicine

- Using both Allopathic and Herbal Medicine

Q.5 How many patients on an average completed the course of





treatment with Herbal medicine

Q.6 What do you think the people come for Herbal Medicine because

- a. herbal medicine is cheap
- b. They have faith in Herbal medicine
- c. They have reaction to Allopathic medicine
- d. Allopathic medicine failed to give a complete cure for their illness
- e. Any other reasons

Q.7 Do you use of Alopahic diagnostic Procedures

Q.8 What is your opinion

- a. Herbal medicine alone is more effective for primary Health care
- b. An Integrated treatment with Allopathic and Herbal medicine is more effective for primary Health care.

Q.9. Patients come for herbal treatment more from

- Cities
- Rural areas

Q.10. Do you maintain a Herbal garden in you centre

Q.11. In your area common Medicinal plants for local illness are available or not

Q.12. Do you prepare and store Herbal medicine preparation for ready use.

Q.13. Do you get support in any way from-

Government

Non Government Organizations

Q.14 Why you are suing Herbal medicines in you area; please write 3 sentences.



INTERVIEW SCHEDULE FOR PATIENTS USING TREATMENT WITH HERBAL MEDICINE

1. Please provide me with following information

Age      Sex      Education      Rural/Urban

2. What type of illness and how long you are suffering from?

3. Do you feel better or worse with herbal medicine treatment.

4. You had any other treatment before taking Herbal Medicines.

Please mention what treatment.

5. What do you prefer Allopathic/Herbal/Combined treatment.

6. Why do you prefer Herbal medicine.

a) You have faith in Herbal Medicine

b) It is very effective

c) It is very cheap

d) It has no reaction

e) It is available all the time

f) You have some reaction or resistance to Allopathic  
Medicine

7. For what type of illness you go for or recommend Herbal  
Medicine. Name three diseases.

8. How often you take Allopathic Medicine along with  
Herbal Medicine-always/some times/for certain diseases.

9. Do you find it more effective. Mention 3 or 4 disease  
for which you have taken or you know others have taken a  
combined treatment with Herbal and Allopathic.

10. Do you know of any side effects from Herbal Medicine  
specify from your experience.

11. From where you are getting Herbal Medicine.





a) From shops

b) From field

c) From your Home yard

d) From Herbal practitioners

12. Any other information or comments.

















